|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | | | | | **Course:** | |
| **Patient Name: (Initials ONLY)** | | | **Date:** | | | | **Time:** | |
| **Ethnicity:** | | | **Age:** | | | | **Sex:** | |
| **SUBJECTIVE** | | | | | | | | |
| **CC:** | | | | | | | | |
| **HPI:** | | | | | | | | |
| **Medications:** | | | | | | | | |
| **Previous Medical History:**  **Allergies:**  **Medication Intolerances:**  **Chronic Illnesses/Major traumas:**  **Hospitalizations/Surgeries:** | | | | | | | | |
| **FAMILY HISTORY** | | | | | | | | |
| **M:**  **MGM:**  **MGF:**  **F:**  **PGM:**  **PGF:** | | | | | | | | |
| **Social History:** | | | | | | | | |
| **REVIEW OF SYSTEMS** | | | | | | | | |
| **General:** | | | | | **Cardiovascular:** | | | |
| **Skin:** | | | | | **Respiratory:** | | | |
| **Eyes:** | | | | | **Gastrointestinal:** | | | |
| **Ears:** | | | | | **Genitourinary/Gynecological:** | | | |
| **Nose/Mouth/Throat:** | | | | | **Musculoskeletal:** | | | |
| **Breast:** | | | | | **Neurological:** | | | |
| **Heme/Lymph/Endo:** | | | | | **Psychiatric:** | | | |
| **OBJECTIVE** | | | | | | | | |
| **Weight:** | **Height:** | **BMI:** | | **BP:** | | **Temp**: | **Pulse:** | **Resp:** |
| **General Appearance:** | | | | | | | | |
| **Skin:** | | | | | | | | |
| **HEENT:** | | | | | | | | |
| **Cardiovascular:** | | | | | | | | |
| **Respiratory:** | | | | | | | | |
| **Gastrointestinal:** | | | | | | | | |
| **Breast:** | | | | | | | | |
| **Genitourinary**: | | | | | | | | |
| **Musculoskeletal:** | | | | | | | | |
| **Neurological:** | | | | | | | | |
| **Psychiatric:** | | | | | | | | |
| **Lab Tests:** | | | | | | | | |
| **Special Tests:** | | | | | | | | |
| **DIAGNOSIS (Minimum required differential and presumptive dx’s, can do more)** | | | | | | | | |
| **Differential Diagnoses**   * Diagnosis, (ICD 10 code): * Diagnosis, (ICD 10 code): * Diagnosis, (ICD 10 code):   **Diagnosis**   * Presumptive diagnosis (ICD 10 code): | | | | | | | | |
| **Plan/Therapeutics:** | | | | | | | | |
| **Diagnostics:** | | | | | | | | |
| **Education:** | | | | | | | | |